

TRANSCRIPT ORDER

DUE DATE:

1. NAME Amanda C. Sheridan				2. PHONE NUMBER 602-382-6304		3. DATE 12/12/16	
4. FIRM NAME Snell & Wilmer L.L.P.							
5. MAILING ADDRESS 400 E. Van Buren Street				6. CITY Phoenix		7. STATE AZ	
8. ZIP CODE 85004							
9. CASE NUMBER 2:15-MD-02641		10. JUDGE Campbell		DATES OF PROCEEDINGS			
				11. 12/09/16		12.	
13. CASE NAME In Re Bard IVC Filters Products Liability Litigation				LOCATION OF PROCEEDINGS			
				14. Phoenix		15. STATE Arizona	
16. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		12/09/16 - entire hearing	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY		costs split between parties	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)			
7 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ASCII (e-mail)			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS asheridan@swlaw.com; pritchey@swlaw.com			
19. SIGNATURE s/Amanda C. Sheridan				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.			
20. DATE 12/12/16							
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL			
ORDER RECEIVED	DATE	BY		PROCESSED BY		PHONE NUMBER	
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			